

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>3-26-96</u>	2 Serial/Patent #: <u>08/598874</u>	
3 Please refund the following fee(s):		
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER	
	5 DATE FILED	
	6 AMOUNT	
<input type="checkbox"/> Amendment		\$ 250
<input type="checkbox"/> Extension of Time		\$
<input type="checkbox"/> Notice of Appeal/Appeal		\$
<input type="checkbox"/> Petition		\$
<input type="checkbox"/> Issue		\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/> Maintenance		\$
<input type="checkbox"/> Assignment		\$
<input type="checkbox"/> Other		\$
		7 TOTAL AMOUNT OF REFUND
		\$ 250
8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		Treasury Check
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:
		9 <u>21-0380</u>
10 REASON:		
<input checked="" type="checkbox"/> Overpayment		
<input type="checkbox"/> Duplicate Payment		
11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME: <u>JEREMY S. FLEMING</u> TITLE: <u>ADMIN, EXAM</u>		
SIGNATURE: <u>Jeremy S. Fleming</u> PHONE: <u>308-1172</u>		
OFFICE: <u>APPL. DEV.</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****		
APPROVED: <u>Frankie Charles</u> DATE: <u>4-8-96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B